United Nations DP/FPA/CPD/LBY/1

Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services

Distr.: General
5 July 2018

Original: English

Second regular session 2018
4-7 September 2018, New York
Item 8 of the provisional agenda
UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Libya

Proposed indicative UNFPA assistance:	$9.2 million: $1.5 million from regular resources and $7.7 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Two years (2019-2020)
Cycle of assistance:	First
Category per decision 2017/23:	Pink

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	0.4	2.6	3.0
Outcome 2	Adolescents and youth	0.2	0.8	1.0
Outcome 3	Gender equality and women's empowerment	0.3	1.8	2.1
Outcome 4	Population dynamics	0.1	1.0	1.1
Programme coordination and assistance		0.5	1.5	2.0
Total		1.5	7.7	9.2

18-13529X (E) 170818

Please recycle

I. Programme rationale

1. In December 2015 the Libyan Political Agreement was signed which led to the establishment of a Presidency Council and a Government of National Accord in Tripoli, the internationally recognized Libyan Government. Despite this agreement and the launching of the Libya Action Plan in 2017, violence and turmoil continue to adversely affect the population and hinder social, economic and political development. Prior to the current conflict, Libya was ranked 55 out of 187 countries on the Human Development Index, yet in 2016 the ranking dropped to 102 out of 189 countries. The ongoing crisis has affected all aspects of life for the population of Libya.

2. The last census was conducted in 2006, and projections by the Bureau of Statistics and Census for 2018, estimate that the population of Libya will reach approximately 6.5 million with 24 per cent between the ages of 10-24 years.

3. In 2014, the total fertility rate was 3.4 compared to 2.7 in 2007 and, according to the Libya Family Health Survey, the unmet need for family planning was 43 per cent. In 2015, the maternal mortality ratio was 9 per 100,000 live births, however these figures do not take into account stark regional disparities and the deterioration of health services since 2014. Before the conflict, the Libyan health system, with its advanced hospital services and large network of primary health care facilities oversaw declining maternal mortality and the achievement of MDG 5. Unfortunately, the years of crisis have negatively impacted the system of financing of services, health information flows, management of referrals, availability of medicines, supply-chain management, human resources, and the overall quality of service delivery. Maternal death surveillance and response programming has suffered, particularly in the south of Libya where only 12.1 per cent of the health facilities provide antenatal care and only 8.5 per cent of the health facilities provide delivery services. There is only one voluntary counselling and testing centre in Tripoli and seven others that provide only testing for HIV without counselling. The total number of people living with HIV registered at hospitals in Libya as of December 2017 is 3,848.

4. Young people in Libya make up a quarter of the population. In a youth survey of 2016, young Libyans described safety and security as the main challenges they face, followed by lack of employment opportunities, life skills and education. Despite the proliferation of armed groups and youth enrolment in them, the majority of Libyan youth are ready and willing to participate in social development, economic productivity and peacebuilding initiatives.

5. In the current climate, there are notable threats to safety and security throughout the country. Nor has Libya enacted any legislation for the prevention of, punishment for and protection from domestic and gender-based violence. According to the protection cluster response plan for 2018, 307,000 women of reproductive age are in need of protection, including internally displaced persons, returnees and host communities. The Libyan family health survey conducted in 2014, found that 8.2 per cent of women aged between 15-49 years were subjected to abuse in the year before the survey. 79.1 per cent of women experienced verbal abuse and this percentage increased among divorced women and in poorer families. Physical assault represented 11 per cent of the registered cases of violence, while 2.6 per cent of those surveyed stated they had been subjected to sexual assault. More recent studies have indicated that the 2014 survey suffered from significant under-reporting, perhaps due to cultural and social sensitivities.

6. An assessment of the National Statistical System, led by the Bureau of Statistics and Census and supported by the Organisation for Economic Co-operation and Development and UNFPA in 2017, showed that Libya has limited strategic, technical and human capacities to produce demographic data for decision-making for public and private users. There are also gaps in the integration of sociodemographic intelligence in national and subnational plans and programmes.

7. According to the Libya Humanitarian Response Plan 2018, one million people in Libya, non-displaced people, migrants, internally displaced people and returnees, are in need of lifesaving interventions throughout the country, with an estimated 28 per cent being women of reproductive age. Migrant women and girls are reported as being the

most exposed to sexual and physical abuse, with limited access to sexual and reproductive health services. There is also under-reporting of gender-based violence in host communities. The Service Availability and Readiness Assessment carried out by the Ministry of Health and WHO in 2017 highlights that most facilities lack a supply of post-rape care kits and emergency contraception, while health staff have not received any training on the clinical management of rape.

II. Programme priorities and partnerships

8. The proposed country programme 2019-2020, the first for Libya, was developed in consultation and coordination with the Government, and is fully aligned with the UNFPA Strategic Plan 2018-2021 and the transformative results of ending preventable maternal deaths and ending gender-based violence and harmful practices. It is also aligned with the Sustainable Development Goals, in particular Goal 3, Goal 5 and Goal 10. The country programme is also closely linked to the United Nations Strategic Framework, contributing to two out of the three outcomes of this framework, namely strengthening Libyan institutions and civil society and improving Libyan institutional capacity to design and implement social policies that focus on quality service delivery.

9. Although Libya is classified as a pink country, with a focus on policy and advocacy work, due to the humanitarian situation the country office will also rely on capacity-building, knowledge management and to a lesser extent service delivery as modes of engagement for implementing the programme. Service delivery will be provided in conflict affected hard-to-reach areas, and is defined by the absence of national capacity to provide sexual and reproductive health and gender-based violence services, throughout Libya. There will be a progressive phase-out from service delivery support to supporting policies, systems and standards for service provision, including primary health care centres, women safe spaces, non-formal education and youth centres. A community-based approach will be adopted with youth and women engagement through emergency risk management programmes and institutional capacity-building.

10. The comparative advantage of UNFPA and its strategic positioning with other United Nations organizations will be leveraged through integrated interventions and joint programming to foster the strengthening and resilience of the Libyan health system, data collection and analysis, social services, and policy advocacy for longer term improvement in the lives of the Libyan population. UNFPA will continue to work with local communities and municipalities to ensure inclusive programming.

11. The goal of this country programme is to improve the health and well-being of women and youth, particularly focusing on the most vulnerable and those left furthest behind.

A. Outcome 1: Sexual and reproductive health and reproductive rights

12. *Output 1: Increased access for women and girls to high quality sexual and reproductive health services, with a focus on humanitarian settings.* This will be achieved by: (a) supporting health facilities and mobile teams to expand coverage to the areas affected by humanitarian situations; (b) building the capacity of the health care providers on the minimum initial service package (c) providing outreach to communities to enhance demand and d) advocating for policies to increase access of migrants and refugees to sexual and reproductive health and rights (SRHR) information and services

13. *Output 2: Improved capacity and resilience of health systems for the provision of integrated sexual and reproductive health services, including for the most vulnerable.* This will include: (a) assessing human resource needs and building the capacity of the health care providers on reproductive health and midwifery guidelines, protocols and referral pathways; (b) enhancing surveillance systems, including in the area Maternal Death Surveillance and Response; (c) advocating for the expansion of HIV voluntary counselling and testing centres; (d) integrating reproductive health in the budgeted national health emergency preparedness plan; (e) supporting the development of the Logistics Management and Information System.

B. Outcome 2: Adolescents and youth

14. *Output 3: Adolescents and youth, including the most vulnerable, have increased opportunities to participate in decision-making and lead initiatives that promote sustainable development, peace, and security.* This will include: (a) supporting the development of a national youth strategy and an action plan, with youth participation; (b) building capacities of youth on life skills and citizenship education, (c) supporting youth networks to contribute to achieving sustainable development, peace, and security in their communities and country and (d) operationalizing UNSCR 2250 and convening a national coalition and programme on youth, peace and security.

C. Outcome 3: Gender equality and women's empowerment

15. *Output 4: Strengthened national capacities to prevent and respond to gender-based violence including in humanitarian settings.* This will include: (a) leading and supporting a functional inter-agency gender-based violence coordination system; (b) enhancing capacities of national partners to address gender-based violence through a multi-sectoral, survivor-centric approach with specialized case management and psychosocial support; (c) supporting the development of sexual reproductive health/gender-based violence referral pathways and management information systems and (d) policy engagement and advocacy for national ownership of the gender-based violence essential services package.

D. Outcome 4: Population dynamics

16. *Output 5: National data systems are strengthened to increase the utilization of demographic intelligence at national and local levels.* This will include: (a) providing technical support and capacity-building to plan for a national census by 2020; (b) providing support to conduct regular municipal level household surveys to inform humanitarian and development planning and (c) providing technical support to increase the use of data at national and subnational levels for informing policy.

III. Programme and risk management

17. The Ministry of Planning is the main counterpart for UNFPA and will coordinate programme implementation. UNFPA partners include the Ministry of Health, National Centre for Disease Control, Ministry of Social Development, Youth and Sports Authority, Bureau of Statistics and Census, municipalities and local councils, international/national NGOs, academic institutions and partner United Nations organizations. The office will rely mostly on national execution modality to implement the programme, while ensuring there is a robust system for risk management, monitoring and oversight of the implementation.

18. Within the humanitarian coordination structure, UNFPA will continue to lead the gender-based violence sub-sector and reproductive health sub-sector and in the area of development UNFPA will continue to lead the youth working group. Synergies will be strengthened with United Nations organizations capitalizing on areas of their respective comparative advantage. Some key partnerships will include work with UNICEF/UNESCO/UNDP on youth; WHO/UNICEF/IOM on sexual and reproductive health and rights; OCHA/UNHCR/IOM/UNICEF on gender-based violence, including internally displaced persons migrants and refugees; UN-HABITAT/UNHCR/IOM/UNDP/OCHA on data and statistics.

19. The situation in Libya requires a response that can address the rapidly changing operational landscape. The crisis has evolved, with affected communities facing simultaneous shocks from a fragile economy, unstable political and security systems and continued violent conflict. UNFPA has recorded detailed risks in its Global Strategic Information System and is strengthening its operational and oversight capacities on the ground, to ensure full adherence to the UNFPA internal control framework.

20. UNFPA will continue to work on delivering humanitarian and development assistance and seeks to expand the current capacity of the country office. With the lifting of the evacuation status in February 2018, UNFPA is increasing the presence of international staff in Tripoli through a temporary rotational plan and is planning to open

offices in Sabha in the south and Benghazi in the east as part of system-wide United Nations hubs. Some staff will continue to be located in Tunis with other United Nations organizations, while gradually shifting to local recruitment in Libya, as security permits.

21. The current funding environment for Libya is conducive for UNFPA to mobilize the required resources for implementing its 2019-2020 country programme document. A detailed resource mobilization and partnership plan has been developed. UNFPA has developed a strong partnership with a wide range of donors, traditional and non-traditional, at the local, regional and global level. UNFPA Libya will also count on the support of the Libyan Government to advocate for additional resources for UNFPA humanitarian, development and peacebuilding programmes.

22. This country programme document outlines UNFPA contributions to national results, and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework

IV. Monitoring and evaluation

23. UNFPA and the Government will monitor programme implementation through annual reviews and UNFPA will develop workplans with partners that include measurable targets and indicators to ensure monitoring of results. UNFPA will continue to carry out regular monitoring visits to projects, when security permits and will hold regular coordination meetings with implementing partners, as mechanisms to adjust and inform programme design and implementation for timely delivery and results.

24. UNFPA will continue to function as an active member of the United Nations country team to ensure coordination, joint assessment and programming. In this context, UNFPA Libya has implemented the Harmonized Approach to Cash Transfer framework in 2016 together with UNICEF and UNDP, to strengthen the accountability framework in Libya. Spot checks will be utilized to assess the accuracy of financial practices through a review of financial records. UNFPA will endeavour to share common services and positions with other United Nations organizations, as appropriate.

25. Given the different challenges related to semi-remote management and the security and political context that may hinder full access to programme sites, UNFPA will utilize a remote monitoring mechanism, when needed, to complement the regular monitoring systems in order to ensure hard-to-reach areas are included. UNFPA will conduct regular household multi-sectoral surveys in targeted areas to assess the progress made against the programme indicators. Surveys will also include focus group discussions in order to measure beneficiary satisfaction and perceptions and to give those in the local community an opportunity to express their views and concerns. An end of the year programme review will be conducted to inform the next programme cycle with evidence-based assessments.

RESULTS AND RESOURCES FRAMEWORK FOR LIBYA (2019-2020)

National priority: All women at reproductive age, newborns, children and adolescents (girls and boys) in Libya enjoy high health standards and have access to a high quality and sustainable health care
UNCT SF outcome: relevant Libyan institutions improved their capacity to design, develop and implement social policies that focus on quality social services delivery for all (including vulnerable groups and migrants) in Libya towards enhancing human security and reducing inequalities.

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
Outcome 1: Sexual and reproductive health and rights. Every woman, adolescent and youth everywhere, especially those furthest behind, have fully exercised their reproductive rights and have access to sexual and reproductive health services free of coercion, discrimination and violence Outcome indicators: • Unmet need for family planning *Baseline*: 43%- PAPFAM 2014; *Target*: 35% • Proportion of births attended by skilled health personnel *Baseline*: 97.1%- HH MSNA 2016; *Target*: 98.9%	Output 1: Increased access for women and girls to high quality sexual and reproductive health services, with a focus on humanitarian settings	Output indicators: • Number of health personnel that have the capacity to implement MISP at the onset of a crisis *Baseline*: 60 - 2017; *Target*: 100 - 2020 • Number of primary health care service providers and managers with skills and knowledge on the utilization of current SRHR guidelines and protocols *Baseline*: 108 - 2018; *Target*: 250 - 2020 • Number of women reached with information on integrated sexual and reproductive health services *Baseline*: 20,000 - 2018; *Target*: 100,000 - 2020	Ministry of Health – NCDC, Health Information and Documentation department– PHC department - Libyan Midwifery Association – Tripoli Crisis Management Group – Libyan Red Crescent WHO/UNICEF/IOM	2 million (0.2 million RR and 1.8 million OR)
	Output 2: Improved capacity and resilience of health systems for the provision of integrated sexual and reproductive health services, including for the most vulnerable	Output indicators: • Number of accredited public midwifery schools that follow national pre-service curriculum based on International Confederation of Midwives/WHO standards *Baseline*: 0; *Target*:] • Per cent of health facilities with functional Voluntary Counselling and Testing centres for HIV/ AIDS *Baseline*: 1%; *Target*: 3% • Number of secondary and tertiary public health facilities that provide all of the components of an essential health services package for survivors of gender-based violence *Baseline*: 6; *Target*: 12	MoH / MSO NCDC National Pharmaceutical Department Health Information and Documentation department– PHC department - Libyan Midwifery Association Ministry of Social Affairs – Ministry of Education WHO/UNICEF/IOM	1 million (0.2 million RR and 0.8 million OR)
National priority: Active participation of Libyan youth in peacebuilding, economic and social recovery is ensured **UNCT SF outcome:** core government functions strengthened and Libyan institutions and civil society, at all levels, better able to respond to the needs of people.				
Outcome 2: Youth development and participation Every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and rights, in all contexts	Output 3: Adolescents and youth, including the most vulnerable have increased opportunities to participate in decision-making and to lead initiatives that promote sustainable	Output indicators: • Number of youth-led initiatives on UNSCR 2250 developing peace and security implemented at community level *Baseline*: 10; *Target*: 20 • Availability of a functional Interministerial committee for the Libyan National Youth Strategy *Baseline*: No; *Target*: Yes	Ministry of Planning Youth and Sports Authority YPeer Network	1 million (0.2 million RR and 0.8 million OR)

Outcome indicator: • No. of actors actively engaging adolescents and youth, including most marginalized youth and adolescent, in the formulation of national and local strategies *Baseline*: 8; *Target*: 10	development and peace and security.	• Number of young people who benefited from life skills training and citizenship education *Baseline*: 1500]; *Target*: 4000	UNESCO/UNICEF/ UNDP	
National priority: Women's affairs in Libya are addressed, ensuring women's protection and responsiveness to women's needs **UNCT SF outcome: the** relevant Libyan institutions have improved their capacity to design, develop and implement social policies that focus on quality social services delivery for all (including vulnerable groups and migrants) in Libya towards enhancing human security and reducing inequalities. **Indicator**: GBV referral pathways in place *Baseline*: No; *Target*: Yes				
Outcome 3: Gender equality and women's empowerment Gender equality, the empowerment of all women and girls, and reproductive rights are advanced in development and humanitarian settings Outcome indicator: • Proportion of women and girls aged 15 years and older subjected to physical, sexual or psychological violence in the previous 12 months, by age and place of occurrence *Baseline*:8%; *Target*: 7%	Output 4: Strengthened national capacities to prevent and respond to gender-based violence including in humanitarian settings.	Output indicators: • Existence of an inter-agency functional GBV coordination mechanism *Baseline*: No; *Target*: Yes • Existence of national mechanism to engage multiple stakeholders, including civil society, faith-based organizations, and men and boys, to prevent and address gender-based violence *Baseline*: No; *Target*: Yes • Number of GBV information management system and products developed (SOPs, Strategy, Assessment, tools) *Baseline*: 0; *Target*: 4	Ministries of Social.Affairs, Education, Interior, Health and Justice CSOs National Outreach NGOs UN-Women, UNHCR, UNSMIL, IOM, UNICEF	2.05 million (0.25 million RR and 1.8 million OR)
National priority: The National Statistical System is modern, credible and effective **UNCT SF outcome:** core government functions will be strengthened and Libyan institutions and civil society, at all levels, will be better able to respond to the needs of people. **Indicator**: National Statistics Strategy is in place *Baseline*: No; *Target*: Yes				
Outcome 4: Population dynamics Everyone, everywhere is counted, and accounted for, in the pursuit of sustainable development Outcome indicator: • Proportion of sustainable development indicators produced at the national level with full disaggregation when relevant to the target indicator, in accordance with fundamental principles of official statistics *Baseline*: 0; *Target*: 25%	Output 5: National data systems are strengthened to increase the utilization of demographic intelligence at national and local levels	Output indicators: • Number of household rapid assessments of the populations affected by a humanitarian crisis conducted *Baseline*: 1; *Target*: 3 • Percentage of municipalities able to generate and use mapping to illustrate the vulnerability of the population to disasters and humanitarian crises *Baseline*: 10%; *Target*: 20% • National Census Action Plan developed and endorsed *Baseline*: No; *Target*: Yes	MoP /Bureau of Statistics and Census – National Information Authority – UNDP/OCHA/IOM/ UNHCR/UNICEF/ UN-HABITAT Municipal Councils Ministry for Local Governance	1.15 million (0.15 million RR and 1 million OR)